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LEPROSY IN THE UNITED STATES.

In order to ascertain the number of lepers in the United States in so far as the cases were a matter of record, a letter was written to the health authorities of each of the several States, Hawaii, Porto Rico, and the Philippine Islands asking for a statement of the number of new cases reported during the calendar year 1911 and of the number present January 1, 1912. A tabular statement of the data thus obtained follows on page 942.

There was reported as being present January 1, 1912, a total of 146 cases in the continental United States. Of these, 40 were new cases coming first under official recognition during the year 1911. This number, however, necessarily represents only a part of those present, as in many States the disease is not notifiable and in others the requirement of notification is for various reasons difficult of enforcement.

Leprosy has been specifically made a notifiable disease in the following 18 States and the District of Columbia: Alabama, California, Connecticut, District of Columbia, Florida, Idaho, Illinois, Indiana, Iowa, Massachusetts, Nebraska, New Jersey, New York, Oregon, Pennsylvania, South Carolina, Utah, Washington, Wisconsin. It is also notifiable in Hawaii, Porto Rico, and the Philippine Islands.

In Michigan a regulation of the State board of health specifies that cases of leprosy shall be reported for statistical purposes. In certain other States the law requires that cases of all infectious or contagious diseases shall be reported, and among these leprosy would naturally in most cases be included. However, in the absence of a statement of the diseases that shall be construed to be infectious or contagious, it would appear to be left to the personal opinion of each practicing physician as to which diseases came properly under such a classification, and were, therefore, notifiable. Under these conditions the reports are likely to be incomplete.

In 1901 a commission composed of officers of the Marine-Hospital Service made a careful study of the prevalence of leprosy in the United States. They attempted to locate all cases possible, and to do this carried on an extensive correspondence with State and local health authorities and practicing physicians, and in addition a member of the commission visited certain localities to verify the accuracy of reports. A total of 278 cases was found at that time, although the commission believed that the number present was greater and that there were undoubtedly cases which they had been unable to locate.

Of the 278 cases reported by the commission, 145 were born in the United States, 120 in foreign countries, and the place of birth of 13 was unknown. Of the total number, 186 were reported as having probably contracted the disease in the United States. Of the 278 cases, only 72 were isolated and provided for by the States or cities in which they were domiciled.

Although the number of cases of leprosy reported by the State authorities as present January 1, 1912, was only 146, whereas the commission above referred to found 278 in 1901, it can not properly be inferred that there is a lessened prevalence of the disease. The 146 cases reported as present the first of this year are, with one or two exceptions, isolated and under the control of State or local authorities. These 146 cases are therefore probably comparable with the 72 reported in 1901 as isolated and provided for by States or cities.

During the year 1911 cases of leprosy were diagnosed in 18 States, and January 1, 1912, cases were officially known to be present in 17 States. Three States, namely, California, Louisiana, and Massachusetts, have leprosaria where lepers are isolated and cared for. In the other States cases of leprosy are provided for in various ways and with varying degrees of isolation.

In Porto Rico there were 28 known lepers January 1, 1912. In Hawaii and the Philippines the disease is present to such an extent that its control constitutes one of the important functions of the health authorities.

LEPROSY IN THE UNITED STATES AND INSULAR POSSESSIONS.

Cases Reported During the Calendar Year 1911 and Cases Present Jan. 1, 1912.

	New cases reported during calendar year 1911.	Cases present Jan. 1, 1912.	Remarks.
STATES.			
Alabama	0	0	
Arizona	0	1	Case isolated at Globe 2 or 3 years.
Arkansas			No report.
California	12	23	
Colorado	0	0	
Connecticut	1	1	
Delaware	0	0	
District of Columbia	1	0	
Florida	2	2	
Georgia	0	0	
Idaho	1	0	Case left State.
Illinois	0	0	
Indiana	1	1	Patient died Mar. 3, 1912.
Iowa	0	0	
Kansas	2	1	1 case Mexican laborer; other resident Ellis County.
Kentucky	0	0	
Louisiana	(?)	71	
Maine	0	0	
Maryland	0	0	
Massachusetts	2	13	Of 13 cases mentioned, 9 are men and 4 women.
Michigan	1	1	
Minnesota	3	18	
Mississippi	0	0	
Missouri			No report.
Montana	0	0	
Nebraska	0	0	
Nevada	0	0	
New Hampshire	0	0	
New Jersey	0	0	

LEPROSY IN THE UNITED STATES AND INSULAR POSSESSIONS—Con.

Cases Reported During the Calendar Year 1911 and Cases Present Jan. 1, 1912.

	New cases reported during calendar year 1911.	Cases present Jan. 1, 1912.	Remarks.
STATES—continued.			
New Mexico.....	0	0	These cases were reported in New York City.
New York.....	5	5	
North Carolina.....	0	0	
North Dakota.....	1	1	
Ohio.....	0	0	
Oklahoma.....	0	0	
Oregon.....	0	0	
Pennsylvania.....	3	3	
Rhode Island.....	2	1	
South Carolina.....	0	0	
South Dakota.....	0	0	Norwegian woman; origin unknown.
Tennessee.....	0	0	
Texas.....	0	0	
Utah.....	1	1	
Vermont.....	0	0	
Virginia.....	0	0	
Washington.....	1	2	
West Virginia.....	0	0	
Wisconsin.....	1	1	
Wyoming.....	0	0	
Total.....	40	146	
HAWAII AND THE INSULAR POSSESSIONS.			
Hawaii.....	65	696	1 case died Jan. 16, 1912.
Philippine Islands.....	1,142	2,754	
Porto Rico.....	16	28	
Total.....	1,217	3,478	

CONNECTICUT.

Dr. Joseph H. Townsend, secretary of the State board of health, reports February 13, 1912, as follows regarding the case occurring in Connecticut: The one case reported during the calendar year 1911 is, so far as I know, the only case that has ever been reported in the State. This case is in a man, a Lithuanian Jew, who has been in this country about 20 years. Fifteen years ago he had frostbites on both feet which did not heal readily, and for the past 10 years he has been an invalid confined to his home, his case having previously been diagnosed as syphilis.

DISTRICT OF COLUMBIA.

Dr. William C. Woodward, health officer of the District of Columbia, reported February 13, 1912, regarding the case occurring in the District as follows: The case reported January 24, 1911, was in a Filipino, age 20 years, who had been brought to the United States by a naval officer as a domestic. He was returned by the health department September 9, 1911, to the Philippine Islands, on board a transport.

INDIANA.

Dr. J. N. Hurty, State health commissioner, reported February 12, 1912, regarding the case of leprosy in Indiana as follows:

One case of leprosy was reported in Indianapolis December 27, 1911. The patient, female, colored, was born in Hawkins County, Tenn. After her thirteenth year she lived in Knoxville until 1908, when she removed to Indianapolis. She never had been farther south than Knoxville. She is the mother of six children, two are living, both grown to adult life. Previous to being attacked she had always been well. In November, 1910, she noticed some blotches on face, arms, and legs, and in March, 1911, consulted a physician, who diagnosed her trouble as lichen planus. Nodules first appeared on face, arms, and ears in October, 1911.¹ (The patient died in March, 1912.) One other case of leprosy was reported in this State about eight years ago. The case we now have we presume would be called sporadic, for we can not in the least degree trace the time and place of infection.

MICHIGAN.

T. B. McClintic, passed assistant surgeon, Public Health and Marine-Hospital Service, reported in June, 1910, regarding the case of leprosy noted in the table as present in Michigan as follows:

The case was located at Calumet, Mich. Name, M. J.; born in Alten, Norway, 38 years ago; father, two sisters, and two brothers all living and apparently in good health; one brother was recently killed in a railroad accident; his mother died of leprosy in Norway on May 13 of this year after an illness of approximately four years. M. J. came to this country from Norway on July 20, 1900, and settled in Calumet. Since his arrival in this country he has not returned to Norway, nor has he seen his mother. He worked in the copper mines in Calumet and while so engaged during the spring of 1904 the first symptoms of the disease made their appearance.

It first appeared in his nose, for the relief of which he had an operation performed. His nasal passages had become occluded and the operation temporarily relieved this. During the summer of the same year (1904) he went to Alaska under contract with the United States Government to herd reindeer, and while there, during the following fall, the trouble with his nose returned and the disease began to manifest itself on his face and hands.

He stated that his face and hands felt as though they had been slightly sunburned.

At the expiration of his one year's contract with the Government in Alaska he returned to Calumet and engaged in mining and carpentering. Since his return he has had exacerbations and remissions of the disease until now he presents a typical picture of a well-advanced case of tubercular leprosy. His hands, face, and feet are simply one mass of tubercles. Scrapings from these tubercles and from the nasal mucous membrane obtained showed microscopically enormous numbers of lepræ bacilli.

The patient and his family are to be isolated. No other cases were found.²

¹ See also Public Health Reports Jan. 26, 1912, p. 128.

² Two other cases have been reported in Michigan since Jan. 1, 1912.

MINNESOTA.

Dr. H. M. Bracken, secretary State board of health, reports, February 14, 1912, as follows:

Two of the three cases reported to us last year were in persons American born. One, a woman, had a father and a brother die of leprosy in this country, the brother also American born. The other, a boy, had a leprous mother who died in this country.

Of the 18 cases of leprosy in this State now, 6 are in persons American born. Of these six 1 is a Canadian, the other 5 were born in Minnesota.

The source of origin in the Canadian case is not known, but the origin of all of the other 17 cases was in the immediate family of the leper.

We have no record of leprosy occurring outside of the family of a leper in Minnesota, and we know of many cases where, with a leper in the family, no other cases of leprosy appear. These have been cases where the lepers have been carefully isolated in their own homes.

PHILIPPINE ISLANDS.

Victor G. Heiser, passed assistant surgeon, Public Health and Marine-Hospital Service, and director of health of the Philippine Islands, reports March 23, 1912, as follows:

1. The number of cases of leprosy reported in the Philippines during the calendar year 1911 was 3,339. This includes 2,172 remaining at the Culion leper colony January 1, 1911, and 25 in the Moro Province, not taken to Culion.

2. The number of cases of leprosy present in the Philippines January 1, 1912, was 2,754.

3. The number of cases of leprosy reported from January 1 to March 23, 1912, was 135.

4. In round numbers, there have been collected in the Philippine Islands and transferred to the Culion leper colony 6,000 lepers. Of this number, in round numbers, 3,000 came from the island of Cebu. This island has a population of approximately 700,000, and as the total population of the Philippine Islands is approximately 7,000,000, it will be noted that although it has only one-tenth of the population of the entire islands, it has furnished approximately 50 per cent of the lepers up to date. On this island many instances have come to light which indicate that leprosy is a so-called "house disease." The bureau of health is now collecting statistics, and already has a number of instances on hand in which cases of leprosy have developed year after year after the first leper was taken from a house.

UTAH.

Dr. T. B. Beatty, secretary of the State board of health, reported March 11, 1912, regarding the case of leprosy occurring in Utah as follows: The State board of health received a report of one case of leprosy during the year 1911. The case in question was reported from Uintah County, where the patient still resides. He is described as a man aged 25 years and a native of the Samoan Islands; has resided in Utah five years, and is a homesteader on land which was

formerly a part of the Uintah Reservation. The local health officer is under instructions to enforce strict isolation, not permitting him to leave his farm.

The only additional case of leprosy that has been discovered in Utah in recent years was in the person of a native of Greece, who had the macular form of the disease, and was reported in 1910. This patient escaped from the authorities and returned to Greece after having been under observation for a short period.

TRANSPORTATION OF LEPERS IN INTERSTATE TRAFFIC.

AMENDMENT TO INTERSTATE QUARANTINE REGULATIONS.

TREASURY DEPARTMENT,
OFFICE OF THE SECRETARY,
Washington, May 15, 1912.

To medical officers of the Public Health and Marine-Hospital Service, State and local health authorities, and others concerned:

The following amendment is hereby made to the Interstate Quarantine Regulations promulgated by this department September 27, 1894, and amended August 17, 1905, and June 24, 1909, said amendment and regulations being in accordance with section 3, act of Congress approved February 15, 1893.

Article 3, General Regulations, is hereby amended by the addition of the following paragraphs:

Paragraph 9. Common carriers shall not, under authority of paragraph 8, accept for transportation nor transport in interstate traffic any person suffering from or afflicted with leprosy unless there has been obtained from the Surgeon General of the Public Health and Marine-Hospital Service or his accredited representative a permit stating that said person may be received under such restrictions as will prevent the spread of the disease, and said restrictions shall be specified in each instance: *Provided, That,* in addition to the above, permits shall also be obtained from the health authorities of the States, Territories, or districts to and from which the patient intends to travel.

Paragraph 10. No person knowing or having reason to believe that he is a leper shall accept transportation nor engage in travel in interstate traffic unless permits have been obtained, as set forth in the preceding section, and unless said person shall have agreed in writing to comply with the restrictions as specified in the permits mentioned above.

Paragraph 11. Any person who presents symptoms of leprosy and who is traveling or who has left the State where he resides, in violation of the above regulations, shall be detained, and if proven to be a leper shall be returned to such State or removed to such Federal quarantine station as the Secretary of the Treasury may designate and the proper health authorities notified.

Paragraph 12. Compartments or places in cars, vessels, or conveyances operated in interstate traffic and that have been occupied by persons afflicted with leprosy shall be immediately closed after being vacated by the patient and so kept until after proper disinfection.

J. F. CURTIS, *Acting Secretary.*